

## **AUTHORIZED REPRESENTATIVE DESIGNATION FORM REPLACEMENT**

In the past the Cleanup Fund allowed claimants to designate a representative to sign certain Fund documents. However, there is a concern that this procedure is not consistent with section 25299.55 of the Health and Safety Code, which requires a Fund claimant to make a sworn verification of the claim and certification of costs. Therefore, the "Authorized Representative Designation Form" is no longer being used by the Fund and we will not accept any future documents signed by the representative that was designated by such form.

We encourage claimants to sign all Fund documents personally. However, there may be circumstances where a claimant wants a representative to be able to sign Fund documents on the claimant's behalf. In this situation, the claimant must submit a notarized Power of Attorney form designating a specific representative to sign and submit documents to the Fund on the claimant's behalf. The designated representative should not be a consultant or contractor performing work on the project site because it would create a conflict of interest.

Claimants should be aware that they will be personally responsible and bound by any assertions made to the Fund pursuant to a Power of Attorney. (An appropriate Power of Attorney form is available below or by request, however other forms may also be acceptable.)

**POWER OF ATTORNEY FOR A CLAIM TO  
THE UNDERGROUND STORAGE TANK CLEANUP FUND**

I, \_\_\_\_\_  
[Claimant/s name and address. If claimant is a corporation, include the name, address, and title of the acting officer.]

appoint \_\_\_\_\_  
[Name and address of the person appointed, or of each person appointed if you wish to appoint more than one.]  
as my agent (attorney-in-fact) to act for me in any lawful way by signing, submitting, or  
receiving all documents necessary to file my claim number \_\_\_\_\_ to the Underground  
Storage Tank Cleanup Fund for reimbursement of costs related to the petroleum release at

\_\_\_\_\_  
[Site address]  
This power of attorney is effective immediately and will continue until it is revoked, unless I  
direct otherwise on the line below.

\_\_\_\_\_  
If I have designated more than one agent, the agents are to act \_\_\_\_\_.  
(If you appointed more than one agent and you want each agent to be able to act alone without  
the other agent joining, write the word "separately" in the blank space above. If you do not  
insert any word in the blank space, or if you insert the word "jointly", then all of your agents  
must act or sign together.)

This power of attorney is governed by the Power of Attorney Law, California Probate Code  
section 4000 et seq.

I agree that any third party who receives a copy of this document may act under it. Revocation  
of the power of attorney is not effective as to a third party until the third party has actual  
knowledge of the revocation. I agree to indemnify the third party for any claims that arise  
against the third party because of reliance on this power of attorney.

CLAIMANT/S  
Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

MUST SIGN X \_\_\_\_\_  
[Claimant/s signature] (Notarized)  
\_\_\_\_\_  
[Claimant/s social security number/ tax identification number]

X \_\_\_\_\_  
[Claimant/s signature] (Notarized)  
\_\_\_\_\_  
[Claimant/s social security number/ tax identification number]

State of \_\_\_\_\_ County of \_\_\_\_\_

*By accepting or acting under the appointment, the agent  
assumes the fiduciary and other legal responsibilities of an agent.*

ATTORNEY-IN-FACT  
Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
MUST SIGN X \_\_\_\_\_  
[Attorney-in-fact signature and telephone number]

*The claimant/s must attach a certificate of acknowledgement of notary public in compliance  
with Section 1189 of the Civil Code or other applicable law.*